

Culinary Tourism Business Survey

Business Name: _____

Contact Name: _____

Address (indicate it not to be published):

City: _____ State: _____ Zip: _____ County: _____

Phone: (____) _____ Fax : (____) _____

Email: _____

Website (required): _____

Check all areas that apply and provide a brief description. **Events, festivals and classes that highlight Massachusetts grown or produced products or benefit an agricultural group will be given special consideration.**

Brewery/Distillery Tour:_____

Max # you can accommodate _____

Culinary Tour: ☐ _____

Max # you can accommodate _____

Culinary Workshop: ☐ **When:**_____
_____**Special Dinner/Culinary Event:** ☐ **When:**_____

Please return to Department of Agricultural Resources, ATTN: Julia Grimaldi
251 Causeway St., Suite 500, Boston, MA 02214 or by email: Julia.grimaldi@state.ma.us